



South Shore Speech, Language and Swallowing Disorders, PLLC

400 Montauk Highway, Suite 152, Babylon, NY 11702

Phone: 631-669-7098 Fax: 631-669-3736

PATIENT RESPONSIBILITY FOR PAYMENT

DATE: _____

I _____, AM AWARE THAT I WILL BE RESPONSIBLE FOR THE CHARGES FOR A SPEECH-LANGUAGE, SWALLOWING AND/OR VOICE ASSESSMENT SHOULD MY INSURANCE COMPANY FAIL TO REIMBURSE OR IN THE CASE THAT THIS OFFICE ARE NOT PROVIDERS UNDER MY INSURANCE PLAN/POLICY.

PATIENT AND OR RESPONSIBLE PARTY

IF NOT PATIENT, PLEASE STATE RELATIONSHIP TO PATIENT